

DIVISION OF LOCAL SERVICES DEPARTMENT OF REVENUE

COURSE 101 REGISTRATION FORM SPRING 2015 DUDLEY

Name:			
Address:			
City:		Zip:_	
Phone:	(Extension	
Email:			
Position:	Assessor	sessor	
	☐ Board of Assessor	Other (Specify)	
Did you take	an oath of office?	Yes	□ No
Community:			
Original Appointment/Election Date (mm/dd/yy):/			
Name of person you replaced:			
List any community you were previously associated with in an assessing capacity:			

Please contact the Training Coordinator at 617-626-3838 with any questions you may have.

FAX Completed form to 617-626-2330.

Please note that space is limited.

The deadline to register is Friday, March 27th.